

MEDICAID WAIVER ELIGIBILITY RECORD

DS 3770 (Rev. 10/2016)

| | | |
|---------------|-----------|-----|
| Consumer Name | Birthdate | UCI |
|---------------|-----------|-----|

Eligible _____ Termination _____ Reactivation _____ Recertification _____
 Date Date Date Date

ALL LEVEL OF CARE QUALIFYING DEFICITS: (Includes special health care requirements)

Short Term Absences: Yes No

Specify dates:

Comments (if needed):

| | |
|---|------|
| Signature and Title (QIDP)  | Date |
|---|------|

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|---|------|